DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SAMSON HOUSE (0010464)

Address: 611 N GRAND AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 02/01/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Compliance

Verified

Corrected

Survey ID: 0093916 End Date: 01/10/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009054 Served 01/18/2005

Deficiencies Cited Subject Area

83.41(2)(b)2 MATTRESS PAD

Survey ID: 0093110 End Date: 07/31/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 12/22/2004 Date Investigation Completed: 01/10/2005

Subject Area(s) Result SOD #

NOT SUBSTANTIATED

NOT SUBSTANTIATED

ABUSE HOMELIKE ENVIRONMENT & CLEANLINESS MEDICATIONS

MEDICATIONS NOT SUBSTANTIATED OTHER SUBSTANTIATED

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